

Applicant's Name _____

RADIO

Reference FAA Order 8110.37, Appendix 2, Chart D

DER APPLICATION EVALUATION TECHNICAL CRITERIA *Delegated Functions & Authorized Areas*

- Applicant indicates requested area(s) of delegation.
- Advisor (**Adv**) evaluates requested area(s) and recommends area(s) to Evaluation Panel (**EP**). (Y=YES; N=NO)
- Evaluation Panel evaluates area(s) recommended by Advisor and marks **EP** column. (Y=YES; N=NO)

DER APPLICANT USE ONLY		FAA USE ONLY	
Requested Areas	ANALYTICAL SUBSTANTIATION	Adv	EP
	1A Radio Design		
	1B Operating Characteristics		
	1C Antenna Design		
	1D Radio Installation		
	1E Special (Specify)		
Requested Areas	DETAIL DESIGN	Adv	EP
	2A Radio Design		
	2B Operating Characteristics		
	2C Antenna Design		
	2D Radio Installation		
	2E Special (Specify)		
Requested Areas	SAFETY ANALYSIS	Adv	EP
	3A Radio Design		
	3B Operating Characteristics		
	3C Antenna Design		
	3D Ratio Installation		
	3E Special (Specify)		
Requested Areas	SERVICE DOCUMENTS	Adv	EP
	4A Radio Design		
	4B Operating Characteristics		
	4C Antenna Design		
	4D Radio Installation		
	4E Special (Specify)		